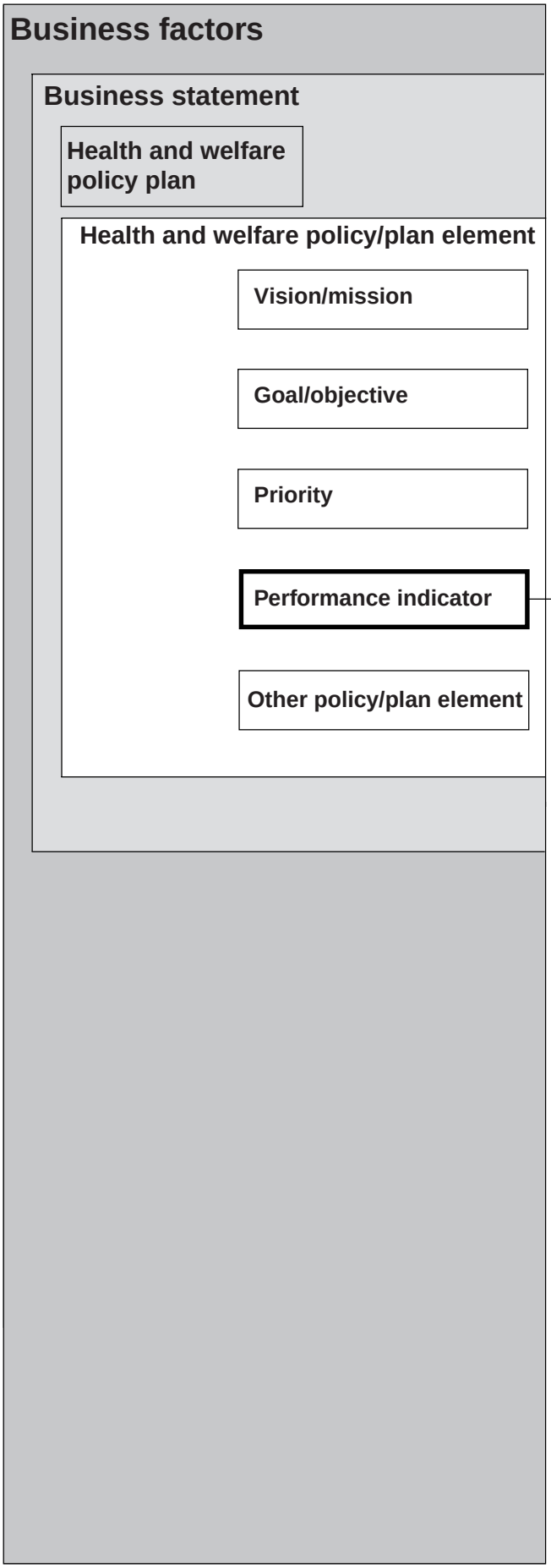
National Health Information Model entities



Data elements

- Emergency Department waiting time to admission
- Emergency Department waiting time to service delivery
- Health outcome*
- Health outcome indicator*
- Length of stay
- Number of acute (qualified)/unqualified days for newborns
- Occasions of service
- Overdue patient
- Patient days
- Patients in residence at year end
- Separations
- Total psychiatric care days
- Total waiting time (census data)
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- Type of admitted patient care for long stay patients – ICD-10-AM code
- Type of admitted patient care for long stay patients – ICD-9-CM code
- Type of admitted patient care for overnight patients – ICD-10-AM code
- Type of admitted patient care for overnight patients – ICD-9-CM code
- Type of admitted patient care for same day patients – ICD-10-AM code
- Type of admitted patient care for same day patients – ICD-9-CM code
- Type of admitted patient care for short stay patients – ICD-10-AM code
- Type of admitted patient care for short stay patients – ICD-9-CM code
- Type of non-admitted patient care
- Type of non-admitted patient care (nursing homes and hostels)
- Type of non-admitted patient care (public psychiatric, alcohol and drug)
- Waiting time since last category reassignment (census data)
- Waiting time since last category reassignment (throughput data)

*Data element concept

Emergency Department waiting time to admission

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000397 ***Version number:*** 1

Data element type: DERIVED DATA ELEMENT

Definition: The time elapsed for each patient from presentation to the Emergency Department to admission to hospital.

Context: Emergency care: this is a critical waiting times data item. This item is used to examine the length of waiting time, for performance indicators and benchmarking. Information based on this data item will have many uses including to assist in the planning and management of hospitals and in health care research.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 4 ***Max.*** 4 ***Representational layout:*** HH:MM

Data domain: Count in numbers of hours and minutes

Guide for use: Calculated from admission date and time minus date and time patient presents for those Emergency Department patients who are admitted.

Verification rules:

Collection methods: To be collected on patients presenting to Emergency Department for unplanned care in public hospitals with Emergency Department and private hospitals providing contracted services for the public sector.

Related data: is calculated using Admission date, version 3

relates to the data element concept Patient presentation at Emergency Department, version 1

is calculated using Date patient presents, version 1

is calculated using Time patient presents, version 1

is calculated using Admission time, version 1

is calculated using Departure status, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Comments:

Emergency Department waiting time to service delivery

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000347 ***Version number:*** 1

Data element type: DERIVED DATA ELEMENT

Definition: The time elapsed for each patient from presentation to the Emergency Department to commencement of service by a treating medical officer or nurse.

Context: Emergency care: this is a critical waiting times data item. This item is used to examine the length of waiting time, for performance indicators and benchmarking. Information based on this data item will have many uses including to assist management of Emergency Departments, the planning and management of hospitals and in health care related research.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 4 ***Max.*** 4 ***Representational layout:*** HH:MM

Data domain: Count in numbers of hours and minutes

Guide for use: Calculated from date and time of service event minus date and time patient presents. Although triage category 1 is measured in seconds, it is recognised that the data will not be collected with this precision.

Verification rules:

Collection methods: To be collected on patients presenting to Emergency Department for unplanned care in public hospitals with Emergency Department and private hospitals providing contracted services for the public sector.

Related data: is used in the calculation of Triage category (trial), version 1
is calculated using Date patient presents, version 1
is calculated using Time patient presents, version 1
is calculated using Date of service event, version 1
is calculated using Time of service event, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Comments: It is recognised that at times of extreme urgency or multiple synchronous presentations, or if no medical officer is on duty in the Emergency Department, this service may be provided by a nurse.

Health outcome

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

NHIK identifier: 000062 ***Version number:*** 1

Data element type: DATA ELEMENT CONCEPT

Definition: A change in the health of an individual, or a group of people or a population, which is wholly or partially attributable to an intervention or a series of interventions

Context: Institutional and non-institutional health care

Relational and representational attributes

Datatype: ***Representational form:***

Field size: ***Min.*** ***Max.*** ***Representational layout:***

Data domain:

Guide for use:

Verification rules:

Collection methods:

Related data:

Administrative attributes

Source document:

Source organisation: National Health Information Management Group

National minimum data sets:

Comments:

Health outcome indicator

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

NHIK identifier: 000063 ***Version number:*** 1

Data element type: DATA ELEMENT CONCEPT

Definition: A statistic or other unit of information which reflects, directly or indirectly, the effect of an intervention, facility, service or system on the health of its target population, or the health of an individual.

- A generic indicator provides information on health, perceived health or a specific dimension of health using measurement methods that can be applied to people in any health condition.

- A condition-specific indicator provides information on specific clinical conditions or health problems, or aspects of physiological function pertaining to specific conditions or problems.

Epidemiological terminology

- An association exists between two phenomena (such as an intervention and a health outcome) if the occurrence or quantitative characteristics of one of the phenomena varies with the occurrence or quantitative characteristics of the other.

- One phenomenon is attributable to another if there is a casual link between the phenomena. Attribution depends upon the weight of evidence for causality.

- Association is necessary (but not sufficient) for attribution. Associations may be fortuitous or causal. The term relationship is to be taken as synonymous with association.

Context: Institutional and non-institutional health care

Relational and representational attributes

Datatype: ***Representational form:***

Field size: ***Min.*** ***Max.*** ***Representational layout:***

Data domain:

Guide for use:

Verification rules:

Collection methods:

Related data:

Administrative attributes

Source document:

Source organisation: National Health Information Management Group

National minimum data sets:

Comments:

Length of stay

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

NHIK identifier: 000119 ***Version number:*** 1

Data element type: DERIVED DATA ELEMENT

Definition: Hospital

The length of stay of a patient is calculated by subtracting the date the patient is admitted from the date of separation. All leave days, including the day the patient went on leave, are excluded from the calculation. A same-day patient should be allocated a length of stay of one day.

Length of stay - antenatal

To calculate antenatal length of stay, subtract the date the mother is admitted from the date of delivery. All leave days, including the day the mother went on leave, are excluded from the calculation.

Length of stay - postnatal

To calculate postnatal length of stay, subtract the date the mother is separated from the date of delivery. All leave days, including the day the mother went on leave, are excluded from the calculation.

Context: Institutional health care

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 3 ***Representational layout:*** NNN

Data domain: Count number of days

Guide for use:

Verification rules:

Collection methods:

Related data: is calculated using Admission date, version 3

is calculated using Discharge date, version 3

is derived from Number of leave periods, version 3

is derived from Number of leave periods exceeding ten days, version 2

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Comments: This data element was previously included in the Terminology section of the dictionary.

While a similar concept of duration of service applies in other institutional care settings, and similar measurement principles apply, different terminology is used in those other settings to describe the duration of care.

Number of acute (qualified)/unqualified days for newborns

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000346 ***Version number:*** 1

Data element type: DERIVED DATA ELEMENT

Definition: The number of acute (qualified) and unqualified newborn days occurring within a newborn episode of care.

Context:

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 3 ***Representational layout:*** NNN

Data domain: Count number of days

Guide for use: The rules for calculating the number of acute (qualified) and unqualified newborn days are outlined below:

- the number of acute (qualified) and unqualified days are calculated from the date of admission, date of separation and any date(s) of change to qualification status.
- the date of admission is counted as a day against the initial qualification status.
- the day on which a change in qualification status occurs is counted against the new qualification status.
- if more than one change of qualification status occurs on a single day, the day is counted against the final qualification status for that day.
- the date of separation is not counted as either an acute (qualified) or unqualified day.
- normal rules which apply to calculation of patient days apply, e.g. same day, leave.
- the newborn's length of stay is equal to the sum of the acute (qualified) and unqualified days.

Verification rules:

Collection methods:

Related data: is used in the calculation of Length of stay, version 1

is used in the calculation of Patient days, version 2

is used in conjunction with Date of change to qualification status, version 1

Administrative attributes

Source document:

Source organisation:

National minimum data sets:

Comments:

Occasions of service

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000209 ***Version number:*** 1

Data element type: DERIVED DATA ELEMENT

Definition: The number of occasions of examination, consultation, treatment or other service provided to a patient in each functional unit of a health service establishment. Each diagnostic test or simultaneous set of related diagnostic tests for the one patient referred to a hospital pathology department consists of one occasion of service.

Context: Institutional health care: occasions of service are required as a measure of non-admitted patient service provision.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 7 ***Representational layout:*** NNNNNNN

Data domain: Number of occasions of service

Guide for use:

Verification rules:

Collection methods: The proposed definition does not distinguish case complexity for non-admitted patients. For example, an occasion of service could vary in complexity from a simple urine glucose test to a complete biochemical analysis of all body fluids. Ideally, average case complexity values would be available for the various categories of non-admitted patients in the same way that average Diagnosis Related Group weighted separations are becoming available for acute admitted patients. However, such measures would require the development of patient record databases for non-admitted patients. This does not imply an inadequacy in definition. For admitted patients the concept of a separation is widely accepted. Separations can vary between admission for overnight observation to open heart surgery. The issue of case complexity for both admitted and non-admitted patients is a separate issue and beyond the scope of the proposed summary establishment-level activity data.

Related data:

Administrative attributes

Source document:

Source organisation: National minimum data set working parties

National minimum data sets:

Institutional health care from 1/07/89 to

Comments: This data element is presently used as the measure of non-admitted patient activity in all States except Victorian acute hospitals (which are moving to occasions of service instead of attendances). Victorian psychiatric hospitals use an occasion of service measure, contacts, for non-admitted patient activity.

Occasions of service *(continued)*

Comments (cont'd): The In-patient / Non-in-patient Working Party recommended that occasion of service be the recommended measure for non-admitted patients. The Working Party did not feel that collecting both occasion of service and visits was warranted.

The Psychiatric Working Party recommended that for public psychiatric hospitals and alcohol and drug hospitals the number of occasions of service in groups and to individuals should be counted separately. For a group service, each member of the group is regarded as having received an occasion of service. Other issues, such as the number of groups and the number of staff involved, were not regarded as central issues by the Psychiatric Working Party and hence were excluded from the national minimum data set for public psychiatric hospitals and alcohol and drug hospitals. Family services should be counted as a single occasion of service to an individual.

The definition is the 1979 Hospital and Allied Services Advisory Council definition. It was also adopted by the Taskforce on National Hospital Statistics. It clearly indicates that:

- multiple X-rays given at a single referral represent one occasion of service;

- multiple pathology tests taken from samples collected at the one time represent a single occasion of service.

This data element is derived from data elements that are not currently specified in the National Health Data Dictionary, but which are recorded in various ways by hospitals and / or outpatient departments. Examples include identifiers of individual consultations / visits, diagnostic tests, etc. Further specification / development of these data elements is expected as part of the National Institution Based Ambulatory Care Modelling (NIBAM) Project.

Overdue patient

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

NHIK identifier: 000085 ***Version number:*** 3

Data element type: DATA ELEMENT

Definition: An overdue patient is one whose wait has exceeded the time that has been determined as clinically desirable in relation to the urgency category to which they have been assigned.

Context: Elective surgery: the numbers and proportions of overdue patients represent a measure of the hospital's performance in provision of elective hospital care.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** CODE

Field size: ***Min.*** 1 ***Max.*** 1 ***Representational layout:*** N

Data domain: 1 Overdue patient
2 Other

Guide for use: This data element is only required for patients in clinical urgency categories with specified maximum desirable waiting times. Overdue patients are those for whom the hospital system has failed to provide timely care and whose wait may have an adverse effect on the outcome of their care. They are identified by a comparison of 'Waiting time since last category reassignment' and the maximum desirable time limit for the 'Clinical urgency' classification.

A patient is classified as overdue if ready for care and 'Waiting time since last category reassignment' is longer than the maximum desirable waiting time for the most recently assigned urgency category.

Verification rules:

Collection methods:

Related data: supersedes previous data element Overdue patient, version 2
is qualified by Clinical urgency, version 2

Administrative attributes

Source document:

Source organisation: AIHW convened national waiting list workshop, March 1995 / Waiting Times Working Group / National Health Data Committee

National minimum data sets:

Waiting times from 1/07/94 to

Comments: This data item is used to identify only patients who waited or who have waited longer than clinically desirable in the urgency category in which they were classified at admission or at the time of a census, respectively. It does not take into account time waited in other urgency categories or time not ready for care.

Patient days

Admin. status: CURRENT 1/07/95

Identifying and definitional attributes

NHIK identifier: 000206 ***Version number:*** 2

Data element type: DERIVED DATA ELEMENT

Definition: The number of patient days is the total number of days or part days of stay for all patients who were admitted for an episode of care and who underwent separation during a specified reference period.

Context: Admitted patient care: needed as the basic count of the number of services provided by an establishment.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 8 ***Representational layout:*** NNNNNNNN

Data domain: Total patient days for the period

Guide for use: A day is measured from midnight to midnight.

The following rules are used to calculate the number of patient days for both overnight and same-day patients:

- The day the patient is admitted is a patient day.
- The day the patient is discharged is not counted as a patient day (unless the patient was admitted and separated on the same date).
- Patients admitted and separated on the same date (same-day patients) are to be given a count of one day.
- The day a patient goes on leave is counted as a leave day.
- The day the patient returns from leave is counted as a patient day.
- If the patient is admitted and goes on leave on the same day, count as a patient day, not a leave day.
- If the patient returns from leave and is separated, it is not counted as either a patient day or a leave day.

All leave days are excluded from the patient days count except for the day the patient returns from leave.

Exclude patient days for those patients admitted during the specified reference period who did not undergo separation until the following reference period.

Verification rules:

Collection methods: For the national minimum data set - institutional health care the reference period for data collection is a financial year ie. 1 July to 30 June inclusive.

Related data: is derived from Admission date, version 3

is derived from Total leave days, version 3

is derived from Type of episode of care, version 2

supersedes previous data element Occupied bed days, version 1

is derived from Discharge date, version 4

Patient days *(continued)*

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care from 1/07/89 to

Comments: It should be noted that for private patients in public and private hospitals, s.3(12) of the Health Insurance Act 1973 (Cwlth) currently applies a different leave day count (Commonwealth Department Human Services and Health HBF Circular 354 (31 March 1994)). This will be the case until the legislation is amended.

During 1996, the working party will aim to:

- clarify the timetable for amending s.3(12) of the Health Insurance Act 1973 (Cwlth);
- clarify what period of time is being counted an episode of care, or a hospital stay.

Patients in residence at year end

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000208 ***Version number:*** 1

Data element type: DERIVED DATA ELEMENT

Definition: A headcount of all formally admitted patients/clients in residence in long-stay facilities (public psychiatric hospitals, alcohol and drug hospitals, nursing homes) at midnight, to be done on 30 June.

Context: The number of separations and bed days for individual long-stay establishments is often a poor indication of the services provided. This is because of the relatively small number of separations in a given institution. Experience has shown that the number of patients/clients in residence can often give a more reliable picture of the levels of services being provided.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 4 ***Representational layout:*** NNNN

Data domain: Number of admitted patients / clients in residence

Guide for use:

Verification rules:

Collection methods: For public psychiatric hospitals and alcohol and drug hospitals, all States have either an annual census or admission tracking that would enable a statistical census. The Commonwealth Department of Health and Family Service is able to carry out a statistical census from its nursing homes databases. No system is presently in place for hostels.

A headcount snapshot could be achieved either by census or by the admission/discharge derivation approach.

There are difficulties with the snapshot in view of both seasonal and day of the week fluctuations. Most of the traffic occurs in a small number of beds.

Any headcount should avoid the problems associated with using 31 December or 1 January. The end of the normal financial year is probably more sensible (the Wednesday before the end of the financial year was suggested, but probably not necessary). This should be qualified by indicating that the data does not form a time series in its own right.

Related data:

Administrative attributes

Source document:

Source organisation: Morbidity Working Party

National minimum data sets:

Comments:

Separations

Admin. status: CURRENT 1/07/94

Identifying and definitional attributes

NHIK identifier: 000205 ***Version number:*** 2

Data element type: DERIVED DATA ELEMENT

Definition: The total number of separations occurring during the reference period. This includes both formal and statistical separations.

Context: Admitted patient care: needed as the basic count of the number of separations from care for an establishment.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 6 ***Representational layout:*** NNNNNN

Data domain: A number, representing the number of completed episodes of care

Guide for use: The sum of the number of separations where the Discharge date has a value:

>= the beginning of the reference period (typically a financial year); and
<= the end of the reference period.

This sum may be calculated at:

- individual establishment level; or
- system (ie. State/Territory) level ie. the sum of the number of establishments.

Verification rules:

Collection methods: For the national minimum data set - institutional health care the reference period for data collection is a financial year ie. 1 July to 30 June inclusive.

Related data: relates to the data element concept Separation, version 1
is derived from Discharge date, version 4
supersedes previous derived data element Separations, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care	from	1/07/89	to
Community mental health care	from	1/07/98	to

Comments:

Total psychiatric care days

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000164 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: The sum of the number of days or part days of stay that the person was an admitted patient or resident within a designated psychiatric unit, minus the sum of leave days occurring during the stay within the designated unit.

Context: Institutional mental health care: this data element is required to identify the characteristics of patients treated in specialist psychiatric units located within acute hospitals and to analyse the activities of these units.

Community mental health care: this data element is required to identify the characteristics of patients treated in specialist psychiatric 24-hour staffed community-based residential services and to analyse the activities of these units.

The data element is necessary to describe and evaluate the progress of mainstreaming of mental health services.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 3 ***Representational layout:*** NNN

Data domain: Count in number of days

Guide for use: Designated psychiatric units are staffed by health professionals with specialist mental health qualifications or training and have as their principal function the treatment and care of patients affected by mental disorder. The unit may or may not be recognised under relevant State and Territory legislation to treat patients on an involuntary basis. Patients are admitted patients in the acute and psychiatric hospitals and residents in community based residences.

Public acute care hospitals

Designated psychiatric units in public acute care hospitals are normally recognised by the State/Territory health authority in the funding arrangements applying to those hospitals.

Private acute care hospitals

Designated psychiatric units in private acute care hospitals normally require license or approval by the State/Territory health authority in order to receive benefits from health funds for the provision of psychiatric care.

Community-based residential services

Designated psychiatric units refers to 24-hour staffed community-based residential units established in community settings that provide specialised treatment, rehabilitation or care for people affected by a mental illness or psychiatric disability. Special psychiatric units for the elderly are covered by this category, including psychogeriatric hostels or psychogeriatric nursing homes. Note that residences occupied by admitted patients located on hospital

Total psychiatric care days *(continued)*

Guide for use (cont'd)

grounds, whether on the campus of a general or stand-alone psychiatric hospital, should be counted in the category of admitted patient services and not as community-based residential services.

Counting of patient days and leave days in designated psychiatric units should follow the standard definitions applying to these items. - For each period of care in a designated psychiatric unit, total days is calculated by subtracting the date on which care commenced within the unit from the date on which the specialist unit care was completed, less any leave days that occurred during the period (see data elements 'Total leave days' and 'Patient days').

Admitted patients in acute care: Commencement of care within a designated psychiatric unit may be the same as the date the patient was admitted to the hospital, or occur subsequently, following transfer of the patient from another hospital ward. Where commencement of psychiatric care occurs by transfer from another ward, a new episode of care may be recorded, depending on whether the care type has changed (see data element 'Type of episode of care'). - Completion of care within a designated psychiatric unit may be the same as the date the patient was discharged from the hospital, or occur prior to this on transfer of the patient to another hospital ward. Where completion of psychiatric care is followed by transfer to another hospital ward, a new episode of care may be recorded, depending on whether the care type has changed (see data element 'Type of episode of care'). - Total psychiatric care days may cover one or more periods in a designated psychiatric unit within the overall hospital stay.

Accurate counting of total days in psychiatric care requires periods in designated psychiatric units to be identified in the person-level data collected by State or Territory health authorities. Several mechanisms exist for this data field to be implemented. - Ideally, the new data field should be collected locally by hospitals and added to the unit record data provided to the relevant State / Territory health authority. - Where it was not possible for this to occur from 1 July 1996, State and Territory health authorities should have adopted an interim strategy in which the data field is derived and appended to the unit record based on details of wards in which the patient is treated during the episode of care.

- Acute care hospitals in most States and Territories include details of the wards in which the patient was accommodated in the unit record data provided to the health authority. Local knowledge should be used to identify designated psychiatric units within each hospital's ward codes, to allow total psychiatric care days to be calculated for each episode of care.

- Acute care hospitals and 24-hour staffed community-based residential services should be identified separately at the level of the establishment.

Verification rules:

Total days in psychiatric care must be:

- >= zero;

and - <= length of stay, where length of stay is calculated as (date of separation minus date of admission) minus total leave days.

Collection methods:

The reporting period for acute care and community based residential care is 1 July to 30 June.

Related data:

Total psychiatric care days *(continued)*

Administrative attributes

Source document:

Source organisation: National Mental Health Information Strategy Committee

National minimum data sets:

Institutional health care	from 1/07/89 to
Institutional mental health care	from 1/07/97 to
Community mental health care	from 1/07/98 to

Comments: This data element was originally designed to monitor trends in the delivery of psychiatric admitted patient care in acute care hospitals. It has been modified to enable collection of data in the community-based residential care sector. The data element is intended to improve understanding in this area and contribute to the ongoing evaluation of changes occurring in mental health services.

Total waiting time (census data)

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

NHIK identifier: 000165 ***Version number:*** 2

Data element type: DERIVED DATA ELEMENT

Definition: The time elapsed for each patient from addition to the elective surgery waiting list to the census date excluding not ready for care days.

Context: Elective surgery: this is a critical waiting times data item. This item is used to examine the distribution of waiting time, for example, measures of central tendency. Information based on this data item will have many uses including to assist doctors and patients in making decisions about hospital referral, to assist in the planning and management of hospitals and in health care related research.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 4 ***Representational layout:*** NNNN

Data domain: Count in number of days

Guide for use: 'Total waiting time (census data)' is calculated from 'Census date' minus 'Listing date' minus total not ready for care days.

Total not ready for care days is calculated by subtracting the date the person was recorded as 'not ready for care' from the date the person was subsequently recorded as again being 'ready for care'.

Verification rules:

Collection methods:

Related data: supersedes previous data element Total ready for care time waited, version 1

is calculated using Listing date, version 2

is calculated using Census date, version 2

is calculated using Patient listing status, version 3

relates to the data element Waiting time since last category reassignment (throughput data), version 1

relates to the data element Total waiting time (throughput data), version 2

relates to the data element Waiting time since last category reassignment (census data), version 1

Administrative attributes

Source document:

Source organisation: Waiting Times Working Group

National minimum data sets:

Waiting times from 1/07/94 to

Total waiting time (census data) *(continued)*

Comments: This data element measures the total time waited since the patient was added to the waiting list, regardless of changes in urgency category. In contrast, 'Waiting time since last category reassignment' measures the time waited since the patient was added to the waiting list or since the patient last changed urgency category and / or listing status, whichever is the most recent.

Total waiting time (throughput data)

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

NHIK identifier: 000386 ***Version number:*** 2

Data element type: DERIVED DATA ELEMENT

Definition: The time elapsed for each patient from addition to the elective surgery waiting list to admission to hospital excluding not ready for care days.

Context: Elective surgery: this is a critical waiting times data item. This item is used to examine the distribution of waiting time, for example, measures of central tendency. Information based on this data item will have many uses including to assist doctors and patients in making decisions about hospital referral, to assist in the planning and management of hospitals and in health care related research.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 4 ***Representational layout:*** NNNN

Data domain: Count in number of days.

Guide for use: Calculated from 'Admission date' minus 'Listing date' minus total not ready for care days.

Total not ready for care days is calculated by subtracting the date the person was recorded as 'not ready for care' from the date the person was subsequently recorded as again being 'ready for care'.

Verification rules:

Collection methods:

Related data: is calculated using Admission date, version 3

supersedes previous data element Total ready for care time waited, version 1

is calculated using Listing date, version 2

is calculated using Patient listing status, version 3

relates to the data element Waiting time since last category reassignment (throughput data), version 1

relates to the data element Total waiting time (census data), version 2

relates to the data element Waiting time since last category reassignment (census data), version 1

Administrative attributes

Source document:

Source organisation: Waiting Times Working Group

National minimum data sets:

Waiting times from 1/07/94 to

Total waiting time (throughput data) *(continued)*

Comments: This data item measures the total time waited since the patient was added to the waiting list, regardless of changes in urgency category. In contrast, data element 'Waiting time since last category reassignment' measures the time waited since the patient was added to the waiting list or since the patient last changed urgency category and / or listing status, whichever is the most recent.

Type of admitted patient care for long stay patients - ICD-10-AM code

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000388 ***Version number:*** 3

Data element type: DERIVED DATA ELEMENT

Definition: The number of admitted patients separated following a length of stay greater than 35 days totalled for specified programs within an institution.

Context: Institutional health care: this variable is required to describe adequately which broad programs of health care are provided in the establishment. Although this classificatory variable can be derived from the person-level data, a detailed description of the desired categories has been included in the National Health Data Dictionary to facilitate the routine production of a set of descriptive statistics for each establishment.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 7 ***Representational layout:*** NNNNNNN

Data domain: Count the number of separations for each of the following categories:

Guide for use: A8.1 Mental health: all episodes with principal diagnosis of F00-F09, F20-F54, F56-F69 and F80-F99.

A8.2 Alcohol and drug: all episodes with a principal diagnosis f10-F19 and F55.

A8.11 Medical/surgical/obstetrics: balance of episodes.

New South Wales, Australian Capital Territory, Victoria and the Northern Territory have implemented ICD-10-AM from 1 July 1998. Other States may continue to use ICD-9-CM until 30 June 1999.

Verification rules:

Collection methods: This data element is collected for public psychiatric and alcohol and drug hospitals only.

Related data:

Administrative attributes

Source document: International Statistical Classification of Diseases and Related health Problems - 10th Revision, Australian Modification (1998) National Centre for Classification in Health, Sydney.

Source organisation:

Source organisation:

National minimum data sets:

Comments:

Type of admitted patient care for long stay patients - ICD-9-CM code

Admin. status: SUPERSEDED 30/06/99

Identifying and definitional attributes

NHIK identifier: 000388 ***Version number:*** 2

Data element type: DERIVED DATA ELEMENT

Definition: The number of admitted patients separated following a length of stay greater than 35 days totalled for specified programs within an institution.

Context: Institutional health care: this variable is required to describe adequately which broad programs of health care are provided in the establishment. Although this classificatory variable can be derived from the person-level data, a detailed description of the desired categories has been included in the National Health Data Dictionary to facilitate the routine production of a set of descriptive statistics for each establishment.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 7 ***Representational layout:*** NNNNNNN

Data domain: Count the number of separations for each of the following categories:

Guide for use: A8.1 Mental health: all episodes with principal diagnosis of 290, 293 - 302, 306 - 316.

A8.2 Alcohol and drug: all episodes with a principal diagnosis of 291 - 292 and 303 - 305.

A8.11 Medical/surgical/obstetrics: balance of episodes.

Although this data element has been superseded by Type of admitted patient care for long stay patients - ICD-10-AM code, Version 3, it remains an acceptable interim standard (until 30 June 1999) for use by those States and Territories that will not be implementing ICD-10-AM on 1 July 1998.

Verification rules:

Collection methods: This data element is collected for public psychiatric and alcohol and drug hospitals only.

Related data:

Administrative attributes

Source document: Australian Version of the International Classification of Diseases, 9th Revision, Clinical Modification, published by the National Centre for Classification in Health (1996) Sydney.

Source organisation:

National minimum data sets:

Comments: This data element is to be reviewed in 1997.

Type of admitted patient care for overnight patients - ICD-10-AM code

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000387 ***Version number:*** 3

Data element type: DERIVED DATA ELEMENT

Definition: The number of admitted patients who are separated after more than one day's stay totalled for specified programs within an institution.

Context: Institutional health care: this variable is required to describe adequately which broad programs of health care are provided in the establishment. Although this classificatory variable can be derived from the person-level data, a detailed description of the desired categories has been included in the National Health Data Dictionary to facilitate the routine production of a set of descriptive statistics for each establishment.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 7 ***Representational layout:*** NNNNNNN

Data domain: Count the number of separations for each of the following categories.

Guide for use: A8.1 Mental health: all episodes with principal diagnosis of F00-F09, F20-F54, F69 and F80-F99.

A8.2 Alcohol and drug: all episodes with a principal diagnosis of F10-F19 and F55.

A8.3 Nursing home type: all episodes for admitted patients staying 35 days or more for whom an acute care certificate has not been provided at the time of discharge.

A8.4 Rehabilitation: all episodes for admitted patients being admitted to designated rehabilitation units within an establishment.

A8.5 Intellectual handicap and developmental disability: all episodes with a principal diagnosis of F70-F79.

A8.6 Dental: all episodes with a principal diagnosis of K00-K08.

A8.7 Non-medical and social support: all episodes with a principal diagnosis of Z55-Z65, Z73-Z76 and Z02.

A8.8 Dialysis: all episodes with a principal diagnosis of Z49. Some variation may be required due to differences in State coding practices, for example, Z49.2 or the relevant procedure.

A8.9 Endoscopy and related diagnostic procedures: all episodes, regardless of principal diagnosis, with a ICD-10-AM principal procedure of:

- cystoscopy (36812-00 36860-00 36860-01 36836-00 36821-0037215-00 36806-00 36821-02 36818-00 36818-01 36812-01),

Type of admitted patient care for overnight patients - ICD-10-AM code *(continued)*

Guide for use (cont'd):

- gastroscopy (30473-00 30473-01 30478-00 3047801 30478-02 30478-03 30478-04),

- oesophagoscopy (30473-03 30473-04 41822-00 30478-11 41825-0030478-10 30478-13 41816-00 41822-00 41825-00 41816-00),

- duodenoscopy (30473-00 30473-01 32095-00 30569-00 30478-0430478-00 30468-00),

- colonoscopy (32090-00 32090-01 90315-00 32093-00 32084-00 32084-01 32087-00 30375-23),

-sigmoidoscopy (32084-00 32084-01 32087-00 32075-00 32075-01 32078-00 32081-0032072-01 30375-23),

- bronchoscopy (41889-00 41892-00 41892-01 41901-00 41895-00), and laryngoscopy (41849-00 41855-00 41867-00 41864-00 41858-00 41861-00 41852-00 41846-00 41764-03).

A8.10 Perinatal: all episodes with a principal diagnosis of P00-P96 with age less than 29 days. Multiple births are to be included.

A8.11 Medical / surgical / obstetrics: balance of episodes.

Note: For Public Psychiatric and Drug and Alcohol hospitals there is no requirement for the information by categories other than A8.1, A8.2 and A8.11.

Verification rules:

Collection methods:

Related data:

Administrative attributes

Source document: International Statistical Classification of Diseases and Related health Problems - 10th Revision, Australian Modification (1998) National Centre for Classification in Health, Sydney.

Source organisation:

National minimum data sets:

Comments:

Type of admitted patient care for overnight patients - ICD-9-CM code

Admin. status: SUPERSEDED 30/06/99

Identifying and definitional attributes

NHIK identifier: 000387 ***Version number:*** 2

Data element type: DERIVED DATA ELEMENT

Definition: The number of admitted patients who are separated after more than one day's stay totalled for specified programs within an institution.

Context: Institutional health care: this variable is required to describe adequately which broad programs of health care are provided in the establishment. Although this classificatory variable can be derived from the person-level data, a detailed description of the desired categories has been included in the National Health Data Dictionary to facilitate the routine production of a set of descriptive statistics for each establishment.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 7 ***Representational layout:*** NNNNNNN

Data domain: Count the number of separations for each of the following categories.

Guide for use: A8.1 Mental health: all episodes with principal diagnosis of 290, 293 - 302, 306 - 316.

A8.2 Alcohol and drug: all episodes with a principal diagnosis of 291 - 292 and 303 - 305.

A8.3 Nursing home type: all episodes for admitted patients staying 35 days or more for whom an acute care certificate has not been provided at the time of discharge.

A8.4 Rehabilitation: all episodes for admitted patients being admitted to designated rehabilitation units within an establishment.

A8.5 Intellectual handicap and developmental disability: all episodes with a principal diagnosis of 317 - 319.

A8.6 Dental: all episodes with a principal diagnosis of 520 - 525.

A8.7 Non-medical and social support: all episodes with a principal diagnosis of V60 - V63, V68.

A8.8 Dialysis: all episodes with a principal diagnosis of V56. Some variation may be required due to differences in State coding practices, for example, V56.9 or the relevant procedure.

A8.9 Endoscopy and related diagnostic procedures: all episodes, regardless of principal diagnosis, with a ICD-9-CM principal procedure of cystoscopy (57.32, 57.33), gastroscopy (44.13, 44.14), oesophagoscopy (42.23, 42.24), duodenoscopy (45.13, 45.14), colonoscopy (45.23, 45.25), sigmoidoscopy (45.24), bronchoscopy (33.22, 33.23, 33.24, 33.27) and laryngoscopy (31.42, 31.43).

A8.10 Perinatal: all episodes with a principal diagnosis of 760 - 779 with age less than 29 days. Multiple births are to be included.

Type of admitted patient care for overnight patients - ICD-9-CM code *(continued)*

Guide for use (cont'd): A8.11 Medical / surgical / obstetrics: balance of episodes.

Although this data element has been superseded by Type of admitted patient care for overnight patients - ICD-10-AM code, Version 3, it remains an acceptable interim standard (until 30 June 1999) for use by those States and Territories that will not be implementing ICD-10-AM on 1 July 1998.

Verification rules:

Collection methods:

Related data:

Administrative attributes

Source document: Australian Version of the International Classification of Diseases, 9th Revision, Clinical Modification, published by the National Centre for Classification in Health (1996) Sydney.

Source organisation:

National minimum data sets:

Comments: This data element is to be reviewed in 1998.

Type of admitted patient care for same day patients - ICD-10-AM code

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000232 ***Version number:*** 3

Data element type: DERIVED DATA ELEMENT

Definition: The number of admitted patients separated on the day of admission totalled for specified programs within an institution.

Context: Institutional health care: this variable is required to describe adequately which broad programs of health care are provided in the establishment. Although this classificatory variable can be derived from the person-level data, a detailed description of the desired categories has been included in the National Health Data Dictionary to facilitate the routine production of a set of descriptive statistics for each establishment.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** CODE

Field size: ***Min.*** 1 ***Max.*** 7 ***Representational layout:*** NNNNNNN

Data domain: Count the number of separations for each of the following categories.

Guide for use: A8.1 Mental health: all episodes with principal diagnosis of F00-F09, F20-F54, F69 and F80-F99.

A8.2 Alcohol and drug: all episodes with a principal diagnosis of F10-F19 and F55.

A8.3 Nursing home type: all episodes for admitted patients staying 35 days or more for whom an acute care certificate has not been provided at the time of discharge.

A8.4 Rehabilitation: all episodes for admitted patients being admitted to designated rehabilitation units within an establishment.

A8.5 Intellectual handicap and developmental disability: all episodes with a principal diagnosis of F70-F79.

A8.6 Dental: all episodes with a principal diagnosis of K00-K08.

A8.7 Non-medical and social support: all episodes with a principal diagnosis of Z55-Z65, Z73-Z76 and Z02.

A8.8 Dialysis: all episodes with a principal diagnosis of Z49. Some variation may be required due to differences in State coding practices, for example, Z49.2 or the relevant procedure.

A8.9 Endoscopy and related diagnostic procedures: all episodes, regardless of principal diagnosis, with a ICD-10-AM principal procedure of:

- cystoscopy (36812-00 36860-00 36860-01 36836-00 36821-0037215-00 36806-00 36821-02 36818-00 36818-01 36812-01),

- gastroscopy (30473-00 30473-01 30478-00 3047801 30478-02 30478-03 30478-04),

Type of admitted patient care for same day patients - ICD-10-AM code *(continued)*

Guide for use (cont'd):

- oesophagoscopy (30473-03 30473-04 41822-00 30478-11 41825-0030478-10 30478-13 41816-00 41822-00 41825-00 41816-00),

- duodenoscopy (30473-00 30473-01 32095-00 30569-00 30478-0430478-00 30468-00),

- colonoscopy (32090-00 32090-01 90315-00 32093-00 32084-00 32084-01 32087-00 30375-23),

- sigmoidoscopy (32084-00 32084-01 32087-00 32075-00 32075-01 32078-00 32081-0032072-01 30375-23),

- bronchoscopy (41889-00 41892-00 41892-01 41901-00 41895-00), and laryngoscopy (41849-00 41855-00 41867-00 41864-00 41858-00 41861-00 41852-00 41846-00 41764-03).

A8.10 Perinatal: all episodes with a principal diagnosis of P00-P96 with age less than 29 days. Multiple births are to be included.

A8.11 Medical / surgical / obstetrics: balance of episodes.

Note: For Public Psychiatric and Drug and Alcohol hospitals there is no requirement for the information by categories other than A8.1, A8.2 and A8.11.

Verification rules:

Collection methods:

Related data:

Administrative attributes

Source document: International Statistical Classification of Diseases and Related health Problems - 10th Revision, Australian Modification (1998) National Centre for Classification in Health, Sydney.

Source organisation:

National minimum data sets:

Comments:

Type of admitted patient care for same day patients - ICD-9-CM code

Admin. status: SUPERSEDED 30/06/99

Identifying and definitional attributes

NHIK identifier: 000232 ***Version number:*** 2

Data element type: DERIVED DATA ELEMENT

Definition: The number of admitted patients separated on the day of admission totalled for specified programs within an institution.

Context: Institutional health care: this variable is required to describe adequately which broad programs of health care are provided in the establishment. Although this classificatory variable can be derived from the person-level data, a detailed description of the desired categories has been included in the National Health Data Dictionary to facilitate the routine production of a set of descriptive statistics for each establishment.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 7 ***Representational layout:*** NNNNNNN

Data domain: Count the number of separations for each of the following categories.

Guide for use: A8.1 Mental health: all episodes with principal diagnosis of 290, 293 - 302, 306 - 316.

A8.2 Alcohol and drug: all episodes with a principal diagnosis of 291 - 292 and 303 - 305.

A8.3 Nursing home type: all episodes for admitted patients staying 35 days or more for whom an acute care certificate has not been provided at the time of discharge.

A8.4 Rehabilitation: all episodes for admitted patients being admitted to designated rehabilitation units within an establishment.

A8.5 Intellectual handicap and developmental disability: all episodes with a principal diagnosis of 317 - 319.

A8.6 Dental: all episodes with a principal diagnosis of 520 - 525.

A8.7 Non-medical and social support: all episodes with a principal diagnosis of V60 - V63, V68.

A8.8 Dialysis: all episodes with a principal diagnosis of V56. Some variation may be required due to differences in State coding practices, for example, V56.9 or the relevant procedure.

A8.9 Endoscopy and related diagnostic procedures: all episodes, regardless of principal diagnosis, with a ICD-9-CM principal procedure of cystoscopy (57.32, 57.33), gastroscopy (44.13, 44.14), oesophagoscopy (42.23, 42.24), duodenoscopy (45.13, 45.14), colonoscopy (45.23, 45.25), sigmoidoscopy (45.24), bronchoscopy (33.22, 33.23, 33.24, 33.27) and laryngoscopy (31.42, 31.43).

A8.10 Perinatal: all episodes with a principal diagnosis of 760 - 779 with age less than 29 days. Multiple births are to be included.

Type of admitted patient care for same day patients - ICD-9-CM code *(continued)*

Guide for use (cont'd):

A8.11 Medical / surgical / obstetrics: balance of episodes.

Note: For Public Psychiatric and Drug and Alcohol hospitals there is no requirement for the information by categories other than A8.1, A8.2 and A8.11.

Although this data element has been superseded by Type of admitted patient care for same day patients - ICD-10-AM code, Version 3, it remains an acceptable interim standard (until 30 June 1999) for use by those States and Territories that will not be implementing ICD-10-AM on 1 July 1998.

Verification rules:

Collection methods:

Related data:

Administrative attributes

Source document: Australian Version of the International Classification of Diseases, 9th Revision, Clinical Modification, published by the National Centre for Classification in Health (1996) Sydney.

Source organisation:

National minimum data sets:

Comments: .

Type of admitted patient care for short stay patients - ICD-10-AM code

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000389 ***Version number:*** 3

Data element type: DERIVED DATA ELEMENT

Definition: The number of admitted patients separated following a length of stay of less than 35 days totalled for specified programs within an institution.

Context: Institutional health care: this variable is required to describe adequately which broad programs of health care are provided in the establishment. Although this classificatory variable can be derived from the person-level data, a detailed description of the desired categories has been included in the National Health Data Dictionary to facilitate the routine production of a set of descriptive statistics for each establishment.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 7 ***Representational layout:*** NNNNNNN

Data domain: Count the number of separations for each of the following categories:

Guide for use: A8.1 Mental health: all episodes with principal diagnosis of F00-F09, F20-F54, F56-F69 and F80-F99.

A8.2 Alcohol and drug: all episodes with a principal diagnosis of F10-F19 and F55.

A8.11 Medical/surgical/obstetrics: balance of episodes.

Verification rules:

Collection methods: This data element is collected for public psychiatric and alcohol and drug hospitals only.

Related data:

Administrative attributes

Source document: International Statistical Classification of Diseases and Related health Problems - 10th Revision, Australian Modification (1998) National Centre for Classification in Health, Sydney.

Source organisation:

National minimum data sets:

Comments:

Type of admitted patient care for short stay patients - ICD-9-CM code

Admin. status: SUPERSEDED 30/06/99

Identifying and definitional attributes

NHIK identifier: 000389 ***Version number:*** 2

Data element type: DERIVED DATA ELEMENT

Definition: The number of admitted patients separated following a length of stay of less than 35 days totalled for specified programs within an institution.

Context: Institutional health care: this variable is required to describe adequately which broad programs of health care are provided in the establishment. Although this classificatory variable can be derived from the person-level data, a detailed description of the desired categories has been included in the National Health Data Dictionary to facilitate the routine production of a set of descriptive statistics for each establishment.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 7 ***Representational layout:*** NNNNNNN

Data domain: Count the number of separations for each of the following categories:

Guide for use: A8.1 Mental health: all episodes with principal diagnosis of 290, 293 - 302, 306 - 316.

A8.2 Alcohol and drug: all episodes with a principal diagnosis of 291 - 292 and 303 - 305.

A8.11 Medical/surgical/obstetrics: balance of episodes.

Although this data element has been superseded by Type of admitted patient care for short stay patients - ICD-10-AM code, Version 3, it remains an acceptable interim standard (until 30 June 1999) for use by those States and Territories that will not be implementing ICD-10-AM on 1 July 1998.

Verification rules:

Collection methods: This data element is collected for public psychiatric and alcohol and drug hospitals only.

Related data:

Administrative attributes

Source document: Australian Version of the International Classification of Diseases, 9th Revision, Clinical Modification, published by the National Centre for Classification in Health (1996) Sydney.

Source organisation:

National minimum data sets:

Comments: This data element is to be reviewed in 1997.

Type of non-admitted patient care

Admin. status: CURRENT 1/07/94

Identifying and definitional attributes

NHIK identifier: 000231 ***Version number:*** 1

Data element type: DERIVED DATA ELEMENT

Definition: This data element concept identifies types of services provided to non-admitted patients in different institutional ways in different systems. It is not a summary casemix classification.

Context: Required to describe the broad types of services provided to non-admitted patients, community patients and outreach clients.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 7 ***Representational layout:*** NNNNNNN

Data domain: Count number of non-admitted patient occasions of service.

Guide for use: Categories are as follows (definitions of each are given below):

Emergency department and emergency services
A9.1 emergency services
Outpatient services
A9.2 dialysis
A9.3 pathology
A9.4 radiology and organ imaging
A9.5 endoscopy and related procedures
A9.6 other medical/surgical/diagnostic
A9.7 mental health
A9.8 drug and alcohol
A9.9 dental
A9.10 pharmacy
A9.11 allied health services
Other non-admitted services
A9.12 community health services
A9.13 district nursing services
A9.14 other outreach services

Definitions:

A9.1 Emergency services: Services to patients who are not admitted and who receive treatment that was either unplanned or carried out in designated emergency departments within a hospital. Unplanned patients are patients who have not been booked into the hospital before receiving treatment. In general it would be expected that most patients would receive surgical or medical treatment. However, where patients receive other types of treatment that are provided in emergency departments these are to be included. The exceptions are for dialysis and endoscopy and related procedures which have been recommended for separate counting.

Type of non-admitted patient care *(continued)*

Guide for use (cont'd):

A9.2 Dialysis: This represents all non-admitted patients receiving dialysis within the establishment. Where patients receive treatment in a ward or clinic classified elsewhere (for example, an emergency department), those patients are to be counted as dialysis patients and to be excluded from the other category. All forms of dialysis which are undertaken as a treatment necessary for renal failure are to be included.

A9.3 Pathology: This includes all occasions of service to non-admitted patients from designated pathology laboratories. Occasions of service to all patients from other establishments should be counted separately.

A9.4 Radiology and organ imaging: This includes all occasions of service to non-admitted patients undertaken in radiology (X-ray) departments as well as in specialised organ imaging clinics carrying out ultrasound, computerised tomography (CT) and magnetic resonance imaging.

A9.5 Endoscopy and related procedures: This should include all occasions of service to non-admitted patients for endoscopy including:

- cystoscopy
- gastroscopy
- oesophagoscopy
- duodenoscopy
- colonoscopy
- bronchoscopy
- laryngoscopy

Where one of these procedures is carried out in a ward or clinic classified elsewhere, for example in the emergency department, the occasion is to be included under endoscopy and related procedures, and to be excluded from the other category. Care must be taken to ensure procedures or admitted patients are excluded from this category.

A9.6 Other medical / surgical / diagnostic: Any occasion of service to a non-admitted patient given at a designated unit primarily responsible for the provision of medical/surgical or diagnostic services which has not been covered in the above. These include ECG, obstetrics, nuclear medicine, general medicine, general surgery, fertility and so on.

A9.7 Mental health: All occasions of service to non-admitted patients attending designated psychiatric or mental health units within hospitals.

A9.8 Alcohol and drug: All occasions of service to non-admitted patients attending designated drug and alcohol units within hospitals.

A9.9 Dental: All occasions of service to non-admitted patients attending designated dental units within hospitals.

A9.10 Pharmacy: This item includes all occasions of service to non-admitted patients from pharmacy departments. Those drugs dispensed/administered in other departments such as the emergency department, or outpatient departments, are to be counted by the respective departments.

A9.11 Allied health services: This includes all occasions of service to non-admitted patients where services are provided at units/clinics providing treatment/counselling to patients. These include units primarily concerned

Type of non-admitted patient care *(continued)*

Guide for use (cont'd):

with physiotherapy, speech therapy, family planning, dietary advice, optometry, occupational therapy and so on.

A9.12 Community health services: Occasions of service to non-admitted patients provided by designated community health units within the establishment. Community health units include:

- baby clinics
- immunisation units
- aged care assessment teams
- other

A9.13 District nursing service: Occasions of service to non-admitted patients which:

- are for medical / surgical / psychiatric care
- are provided by a nurse, paramedic or medical officer
- involve travel by the service provider*
- are not provided by staff from a unit classified in the community health category above.

A9.14 Other outreach services: Occasions of service to non-admitted patients which:

- involve travel by the service provider*
- are not classified in allied health or community health services above

*Travel does not include movement within an establishment, movement between sites in a multi-campus establishment or between establishments. Such cases should be classified under the appropriate non-admitted patient category.

It is intended that these activities should represent non-medical / surgical / psychiatric services. Activities such as home cleaning, meals on wheels, home maintenance and so on should be included.

Verification rules:

Collection methods: The list of categories was to be developed using typical functional units or cost centres within existing institutions. These would include designated wards or departments and specialised clinics. Although the current statistical / financial returns submitted to the various health authorities by their hospitals do not provide a minimum subset, an effort has been made to define the categories in respect to those areas commonly collected. Many functional units provide services to both admitted patients and non-admitted patients, for example pathology. Only occasions of service for non-admitted patients should be included in this section.

Related data:

Administrative attributes

Source document:

Source organisation: National minimum data set working parties

National minimum data sets:

Institutional health care from 1/07/89 to

Type of non-admitted patient care *(continued)*

Comments:

A patient who first contacts the hospital and receives non-admitted care, for example through emergency departments, and is subsequently admitted, should have both components of care enumerated separately. With the move to bundle non-admitted patient services with related admitted patient episodes of care, and in the light of developments taking place regarding ambulatory casemix, the committee agreed that the outpatient occasion of service should continue to be recorded. Where possible, non-admitted occasions of service that are provided to patients who are subsequently admitted, should be identified as a subset of the total occasions of service. There was no intention to review the definition of an occasion of service and there was no agreement to change the definition in this version of the National Health Data Dictionary.

Outreach / community care is care delivered by hospital employees to the patient in the home, place of work or other non-hospital site. The distinction between non-admitted patient care and outreach care is that for non-admitted patient care the patients travel to the health care providers while for outreach care the health care providers travel to the patients.

This distinction creates difficulties for community health centres. These centres are to be included in the national minimum data set where they are funded as sections within establishments that fall within the scope of the National Health Data Dictionary.

For example, baby clinics, immunisation groups or aged care assessment teams, which are funded through acute hospitals, may provide care to some clients within the hospital grounds or externally. It is intended that all community health activity be measured under community health regardless of where the services are provided.

Is derived from data elements that are not currently specified in the National Health Data Dictionary, but which are recorded in various ways by hospitals and / or outpatient departments. Examples include identifiers of individual consultations / visits, diagnostic tests, etc. Further specification / development of these data elements is expected as part of the National Institution Based Ambulatory Care Modelling (NIBAM) Project.

Type of non-admitted patient care (nursing homes and hostels)

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000234 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: Outpatients are patients who receive non-admitted care. Non-admitted care is care provided to a patient who is not formally admitted but receives direct care from a designated clinic within the nursing home/hostel

For outreach/community patients, care is delivered by nursing home/hostel employees to the patient in the home, place of work or other non-establishment site.

Context: Required to adequately describe the services provided to non-admitted patients.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** CODE

Field size: ***Min.*** 1 ***Max.*** 3 ***Representational layout:*** NNN

Data domain: A11.1 Occasions of service to outpatients
A11.2 Occasions of service to outreach / community patients

Guide for use:

Verification rules:

Collection methods:

Related data:

Administrative attributes

Source document:

Source organisation: National minimum data set working parties

National minimum data sets:

Comments: Apart from acute hospitals, establishments generally provide a much more limited range of services for non-admitted patients and outreach/community patients/clients. Therefore disaggregation by type of episode is not as necessary as in acute hospitals.

This data element will be reviewed during 1998 in the light of recent structural reform of nursing homes.

Type of non-admitted patient care (public psychiatric, alcohol and drug)

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000233 ***Version number:*** 1

Data element type: DERIVED DATA ELEMENT

Definition: Emergency and outpatients are patients who receive non-admitted care. Non-admitted care is care provided to a patient who receives direct care within the emergency department or other designated clinics within the hospital and who is not formally admitted at the time when the care is provided. A patient who first contacts the hospital and receives non-admitted care, for example through the emergency department, and is subsequently admitted should have both components of care enumerated separately.

For outreach/community patients, care delivered by hospital employees to the patient in the home, place of work or other non-hospital site.

A group is defined as two or more patients receiving a service together, where all individuals are not members of the same family. Family services are to be treated as occasions of service to an individual.

Context: Required to adequately describe the services provided to non-admitted patients in public psychiatric hospitals and alcohol and drug hospitals.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 7 ***Representational layout:*** NNNNNNN

Data domain: Count occasions of service for the following categories:

Guide for use: Emergency and outpatient occasions of service

1 Individual patients

2 Groups

Outreach / community occasions of service

3 Individual patients

4 Groups

Verification rules:

Collection methods: The working party discussed the need to distinguish different types of psychiatric outpatient services in psychiatric hospitals. South Australia outlined its categories of psychiatric outpatients:

- day patients (not admitted but are day program patients);

- outpatients (typically 20 minutes consultation); community/outreach (outreach services provided by staff off the hospital site, including community health service provided off-site and domiciliary care); and casualty patients (designated casualty area, mirroring usual hospital set up).

These categories also applied to mental health clinics in South Australia. The working party agreed that the South Australian categories were useful, but

Type of non-admitted patient care (public psychiatric, alcohol and drug) *(continued)*

Collection methods (cont'd):

that outpatient and casualty categories should be collapsed as there was a boundary problem between these two categories.

The working party initially recommended the following categories for activity data for outpatient services at establishment level:

- day program patients
- emergency and other outpatients
- outreach / community

The first two of the above categories cover all outpatients treated on the hospital site, the latter covers outreach services provided by the staff off the hospital site. It includes community health services provided by hospital staff off-site.

The working party then discussed the unit of counting for activity data. The Psychiatric Working Party reviewed the recommendation of the In-patient / Non-in-patient Working Party that occasions of service should be the appropriate unit of counting. The following points were raised:

- The method of counting the number of group sessions in a psychiatric setting was difficult because a day patient is always a group patient. Also, groups would have a mixture of in-patients and outpatients.
- Counting occasions of service for a day patient was difficult because a patient could have up to eight treatment encounters in one day.
- From a client perspective, groups should be ignored and information should be collected on every individual.
- Queensland counted the number of days on which contact is made, irrespective of intensity of service.
- It was suggested that occasions of service (or individuals) be counted but that the information should be divided into one-on-one sessions or group sessions, for resource implications.
- Some members thought that, in terms of resources, groups of staff and type of provider were more important than number of clients.
- Victoria proposed a bare bones approach, and recommended that only occasions of service be counted. All the other points raised were important dimensions, but Victoria felt that to do justice to them, it would be necessary to include community services, phone consultations and so on, which was not feasible at this stage.
- The Psychiatric Working Party foreshadowed the need to categorise outpatients further into child, adult and other. It was generally agreed that while this aspect would be worthwhile flagging in a policy statement, it was not necessary to consider it at this stage.
- The Psychiatric Working Party also agreed that occasions of service was the preferred counting unit for non-admitted patient activity data. It was noted that the acute sector had opted for this unit.
- The Psychiatric Working Party recommended that a family was to be counted as one occasion of service (individual session) not as a group, and that a family unit was to be determined as a group of people which identified themselves as such.

Type of non-admitted patient care (public psychiatric, alcohol and drug) *(continued)*

Collection methods (cont'd): The Psychiatric Working Party agreed that the unit of counting of services should be as follows:

- day program attendances
- other outpatient occasions of service
- outreach occasions of service.

Day program patients should be counted as number of attendances to a day program (patient days). Day program patient occasions of service with other staff should be counted separately as other outpatient occasions of service.

Related data:

Administrative attributes

Source document:

Source organisation: National minimum data set working parties

National minimum data sets:

Institutional health care from 1/07/89 to

Comments: In general, establishments other than acute hospitals provide a much more limited range of services for non-admitted patients and outreach/community patients/clients. Therefore, disaggregation by type of episode is not as necessary as in acute hospitals.

This data element is derived from data elements that are not currently specified in the National Health Data Dictionary, but which are recorded in various ways by hospitals and / or outpatient departments. Examples include identifiers of individual consultations / visits, diagnostic tests, etc. Further specification / development of these data elements is expected as part of the National Institution Based Ambulatory Care Modelling (NIBAM) Project.

Waiting time since last category reassignment (census data)

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

NHIK identifier: 000268 ***Version number:*** 1

Data element type: DERIVED DATA ELEMENT

Definition: The time elapsed for each patient from category reassignment date to census date or from listing date to census date if there was no category reassignment.

Context: Elective surgery: this is the critical waiting times data element. This data element is used to examine the distribution of waiting time, for example, measures of central tendency. Information based on this data item will have many uses including to assist doctors and patients in making decisions about hospital referral, to assist in the planning and management of hospitals and in health care related research.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 4 ***Representational layout:*** NNNN

Data domain: Count in number of days

Guide for use: Excludes days when the patient was 'not ready for care'.

The number of days is calculated from Census date minus category reassignment date excluding days when the patient was not 'ready for care', or for patients with no category reassignment, the number of days is calculated from Census date minus Listing date, excluding days when the patient was not 'ready for care'.

Total not ready for care days is calculated by subtracting the date the person was recorded as 'not ready for care' from the date the person was subsequently recorded as again being 'ready for care'.

Verification rules:

Collection methods:

Related data: is calculated using Listing date, version 2
is calculated using Census date, version 2
is calculated using Patient listing status, version 3
is calculated using Category reassignment date, version 2
relates to the data element Overdue patient, version 3
relates to the data element Total waiting time (census data), version 2

Administrative attributes

Source document:

Source organisation: Waiting Times Working Group

National minimum data sets:

Waiting times from 1/07/94 to

Waiting time since last category reassignment (census data) *(continued)*

Comments: This data item measures the time waited since the patient was added to the waiting list or since the patient last changed urgency category and/or listing status, whichever is the most recent. In contrast, data element 'Total waiting time (census data)' measures the total time waited since the patient was added to the waiting list, regardless of changes in urgency category.

Waiting time since last category reassignment (throughput data)

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

NHIK identifier: 000390 ***Version number:*** 1

Data element type: DERIVED DATA ELEMENT

Definition: The time elapsed for each patient on the elective surgery waiting list from category reassignment date to admission date or from Listing date to admission date if there was no category reassignment date.

Context: Elective surgery: this is the critical waiting times data element. This data element is used to examine the distribution of waiting time, for example, measures of central tendency. Information based on this data item will have many uses including to assist doctors and patients in making decisions about hospital referral, to assist in the planning and management of hospitals and in health care related research.

This item is also used in determining the data domain value for 'overdue patient'.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 4 ***Representational layout:*** NNNN

Data domain: Count in number of days.

Guide for use: Excludes days when the patient was 'not ready for care'.

The number of days is calculated from Admission date minus category reassignment date excluding days when the patient was not 'ready for care', or for patients with no category reassignment, the number of days is calculated from Admission date minus Listing date, excluding days when the patient was not 'ready for care'.

Total not ready for care days is calculated by subtracting the date the person was recorded as 'not ready for care' from the date the person was subsequently recorded as again being 'ready for care'.

Verification rules:

Collection methods:

Related data: is calculated using Admission date, version 3
is calculated using Listing date, version 2
is calculated using Patient listing status, version 3
relates to the data element Total waiting time (throughput data), version 2
is calculated using Category reassignment date, version 2
relates to the data element Overdue patient, version 3

Administrative attributes

Source document:

Waiting time since last category reassignment (throughput data) *(continued)*

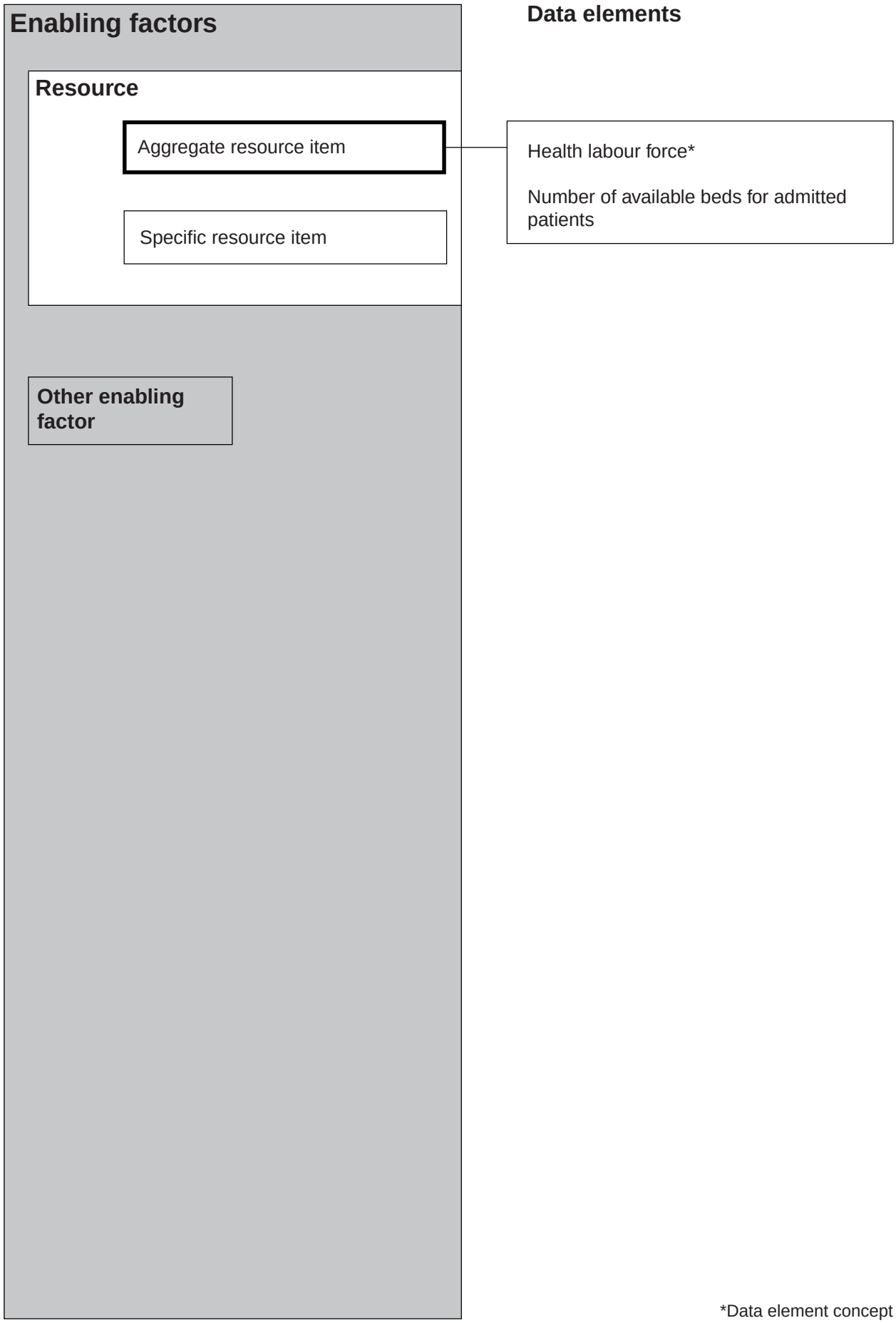
Source organisation: Waiting Times Working Group

National minimum data sets:

Waiting times from 1/07/94 to

Comments: This data item measures the time waited since the patient was added to the waiting list or since the patient last changed urgency category and/or listing status, whichever is the most recent. In contrast, data element 'Total waiting time (throughput data)' measures the total time waited since the patient was added to the waiting list, regardless of changes in urgency category.

National Health Information Model entities



*Data element concept

Health labour force

Admin. status: CURRENT 1/07/95

Identifying and definitional attributes

NHIK identifier: 000061 ***Version number:*** 1

Data element type: DATA ELEMENT CONCEPT

Definition: All those in paid employment, unpaid contributing family workers, and unpaid volunteers:

- whose primary employment role is to achieve a health outcome for either individuals or the population as a whole, whether this is in clinical, research, education, administrative or public health capacities;

- employed in the health industry defined by the Australian Bureau of Statistics (ABS) using the Australian and New Zealand Standard Industrial Classification, other than those already included.

The health labour force consists of all those persons included in the health work force plus all those persons not currently employed in the health work force who are seeking employment therein. Health professionals registered in Australia but working overseas are excluded from the national health labour force. Health professionals registered in a particular State or Territory but working solely in another State or Territory or overseas are excluded from the health labour force for that State or Territory.

Context: Health labour force statistics and institutional health care

Relational and representational attributes

Datatype: ***Representational form:***

Field size: ***Min.*** ***Max.*** ***Representational layout:***

Data domain:

Guide for use:

Verification rules:

Collection methods:

Related data: relates to the data element Profession labour force status of health professional, version 1

Administrative attributes

Source document:

Source organisation: National Health Labour Force Data Working Group

National minimum data sets:

Health labourforce from 1/07/89 to

Comments:

Number of available beds for admitted patients

Admin. status: CURRENT 1/07/97

Identifying and definitional attributes

NHIK identifier: 000255 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: An available bed is a bed which is immediately available to be used by an admitted patient or resident if required. A bed is immediately available for use if it is located in a suitable place for care with nursing and auxiliary staff available within a reasonable period.

Inclusions: both occupied and unoccupied beds are included. For nursing homes, the number of approved beds includes beds approved for respite care.

Exclusions: surgical tables, recovery trolleys, delivery beds, cots for normal neonates, emergency stretchers / beds not normally authorised or funded and beds designated for same-day non-admitted patient care are excluded. Beds in wards which were closed for any reason (except weekend closures for beds / wards staffed and available on weekdays only) are also excluded.

Context: Institutional health care admitted patients: necessary to provide an indicator of the availability and type of service for an establishment.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** QUANTITATIVE VALUE

Field size: ***Min.*** 1 ***Max.*** 4 ***Representational layout:*** NNNN

Data domain: Average available beds, rounded to the nearest whole number

Guide for use: The average bed is to be calculated from monthly figures.

Verification rules:

Collection methods:

Related data: relates to the data element concept Admitted patient, version 1

supersedes previous data element Number of available beds for admitted patients, version 1

Administrative attributes

Source document:

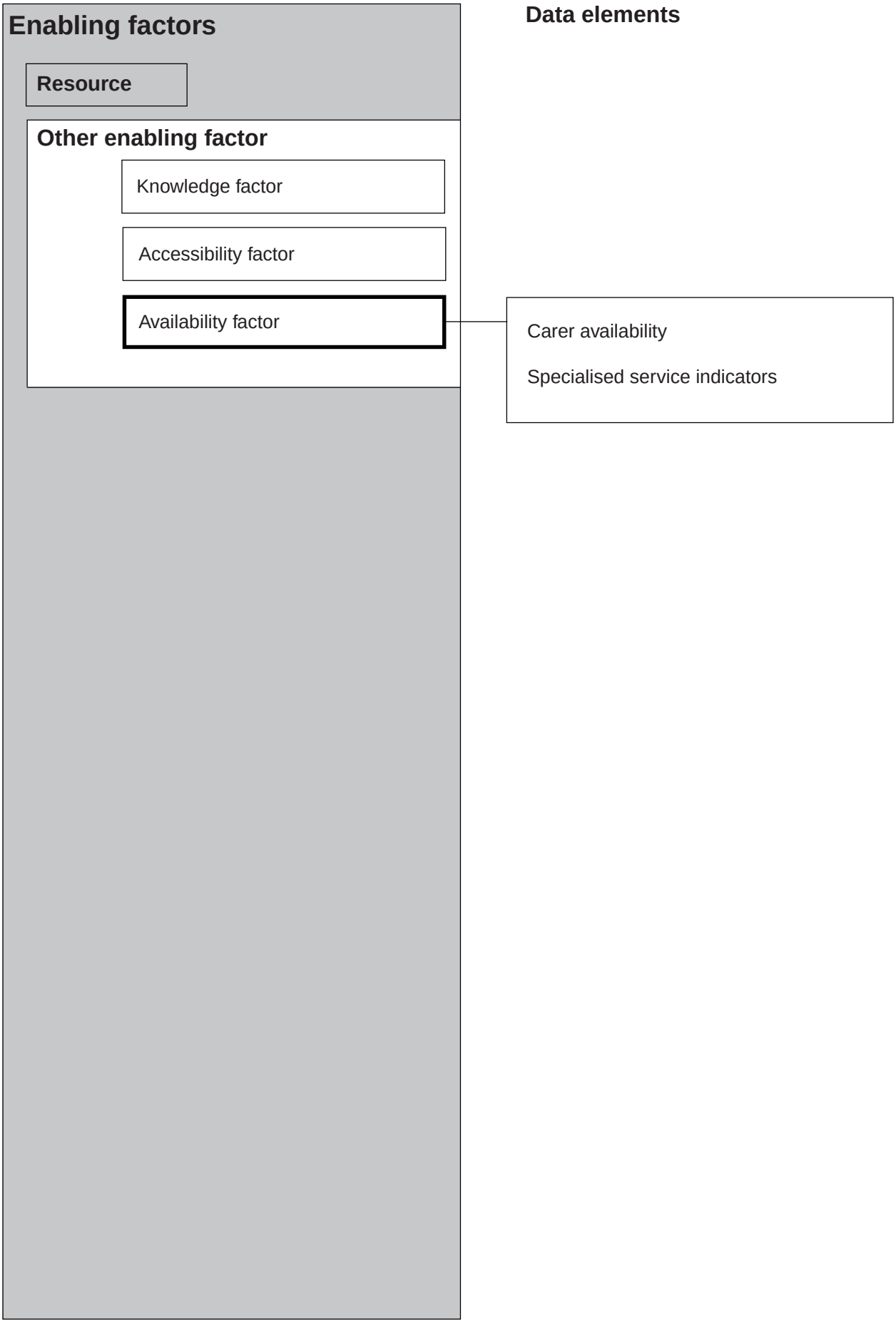
Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care	from 1/07/89 to
Community mental health care	from 1/07/98 to

Comments: This National Health Data Dictionary entry was amended during 1996-97. Until then, both average and end of year counts of available beds were included, and the end of year counts used as surrogates for the average counts if the latter were unavailable. The average count is more useful for accurate characterisation of establishments and comparisons.

National Health Information Model entities



Carer availability

Admin. status: CURRENT 1/07/98

Identifying and definitional attributes

NHIK identifier: 000022 ***Version number:*** 2

Data element type: DATA ELEMENT

Definition: A record of whether a person has been identified, such as a family member, friend or neighbour as providing regular on-going care, or assistance which is not linked to a formal service.

Context: The availability of informal care at home is often a determinant of a person's ability to remain in home care, especially if they are highly dependent. It is also an indicator of risk if a vulnerable person lives alone, or has no carer. As the focus of care increasingly moves to the community, it is important to monitor the degree of need, the amount of formal care given, and the presence of a carer. This helps to establish how much of the overall burden is being absorbed by the 'informal' caring system.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** CODE

Field size: ***Min.*** 2 ***Max.*** 2 ***Representational layout:*** NN

Data domain:

01	Person independent
02	No carer available
03	Has a co-resident carer
04	Has a non-resident carer
05	Lives in a mutually dependent situation
06	Not applicable person in residential care
07	Not stated/inadequately described

Guide for use: This includes people who receive payment such as a special benefit or pension.

This excludes formal services such as delivered meals or home help, persons arranged by formal services such as volunteers, and funded group housing or similar situations. Availability infers carer willingness and ability to undertake the caring role and can apply when there are several carers. Where a potential carer is not prepared to undertake the role, or when their capacity to carry out necessary tasks is minimal, then the person must be coded as 'No carer available'.*

Where there are several carers, a decision should be taken as to which of these is the main or primary carer and code accordingly. The following descriptions may assist in the selection of the most appropriate code.

1. PERSON INDEPENDENT indicates that the person has no need for assistance from informal carers.

2. NO CARER AVAILABLE means that the person needs a carer but has no one able to provide informal care.

3. HAS A CO-RESIDENT CARER (excludes Code 5) means that the person has a carer who is living in the same household.

Carer availability *(continued)*

Guide for use (cont'd):

4. HAS A NON-RESIDENT CARER means that the person has a carer who is living in a different household.

5. LIVES IN A MUTUALLY DEPENDENT SITUATION (excludes Code 3) refers to those households where the service recipient and another person are mutually dependent. The critical aspect of such households is that if either member becomes unavailable for any reason, the other is either at high risk or unable to remain at home.

6. NOT APPLICABLE PERSON IN RESIDENTIAL CARE – services are provided by a formal agency in a supported accommodation or other care facility.

99. NOT STATED / INSUFFICIENTLY DESCRIBED means that there is insufficient information to determine carer availability.

Verification rules:

Collection methods: Carer availability is to be collected at admission and again at discharge. The discharge information refers to the status immediately prior to the discharge, and not the need of the service recipient after the event.

Related data: supersedes previous data element Carer availability, version 1

Administrative attributes

Source document:

Source organisation: Australian Council of Community Nursing Services

National minimum data sets:

Comments: The original item 'Carer Availability' in Version 1.0 of the CNMDSA has been split into two items 'Carer Availability' and 'Living Arrangement'. Users of the CNMDSA found the original item difficult to apply as it was seeking to do two things: describe the carer availability and the person's living arrangements within one item. The new item 'Living Arrangement' is introduced to clarify meaning and describe each item more clearly.

The reason for collection at both admission and discharge is that over a care episode, a change in carer status may occur either because the caring load increases, and / or, the carer's ability or willingness to undertake the role ceases or is diminished. This may necessitate discharge of the person from care, and has implications for health service utilisation. The coding options are therefore identical to enable comparison of the admission and discharge states. The discharge information refers to the person's state when care was being delivered, not after their discharge from care.

Specialised service indicators

Admin. status: CURRENT 1/07/89

Identifying and definitional attributes

NHIK identifier: 000321 ***Version number:*** 1

Data element type: DATA ELEMENT

Definition: Specialised services provided in establishments.

Context: Health services: essential to provide a broad picture of the availability of these key specialised services by State and region and to assist with planning if services are over supplied in one region relative to another.

Relational and representational attributes

Datatype: Numeric ***Representational form:*** CODE

Field size: ***Min.*** 1 ***Max.*** 1 ***Representational layout:*** N

Data domain:

1 Yes
2 No

Guide for use: Each of the following specialised services should be coded separately.

E4.1 Obstetric / maternity service
A specialised facility dedicated to the care of obstetric/maternity patients.

E4.2 Specialist paediatric service
A specialised facility dedicated to the care of children aged 14 or less.

E4.3 Psychiatric unit / ward
A specialised unit / ward dedicated to the treatment and care of admitted patients with psychiatric, mental, or behavioural disorders.

E4.4. Intensive care unit (level III)
A specialised facility dedicated to the care of paediatric and adult patients requiring intensive care and sophisticated technological support services.

E4.5 Hospice care unit
A facility dedicated to the provision of palliative care to terminally ill patients.

E4.6 Nursing home care unit
A facility dedicated to the provision of nursing home care.

E4.7 Geriatric assessment unit
Facilities dedicated to the Commonwealth-approved assessment of the level of dependency of (usually) aged individuals either for purposes of initial admission to a long-stay institution or for purposes of reassessment of dependency levels of existing long-stay institution residents.

E4.8 Domiciliary care service
A facility/service dedicated to the provision of nursing or other professional paramedical care or treatment and non-qualified domestic assistance to patients in their own homes or in residential institutions not part of the establishment.

E4.9 Alcohol and drug unit
A facility/service dedicated to the treatment of alcohol and drug dependence.

Specialised service indicators *(continued)*

Guide for use (cont'd):

E4.10 Acute spinal cord injury unit (SS)

A specialised facility dedicated to the initial treatment and subsequent ongoing management and rehabilitation of patients with acute spinal cord injury, largely conforming to Australian Health Minister's Advisory Council guidelines for service provision.

E4.11 Coronary care unit

A specialised facility dedicated to acute care services for patients with cardiac diseases.

E4.12 Cardiac surgery unit (SS)

A specialised facility dedicated to operative and peri-operative care of patients with cardiac disease.

E4.13 Acute renal dialysis unit (SS)

A specialised facility dedicated to dialysis of renal failure patients requiring acute care.

E4.14 Maintenance renal dialysis centre (SS)

A specialised facility dedicated to maintenance dialysis of renal failure patients. It may be a separate facility (possibly located on hospital grounds) or known as a satellite centre or a hospital-based facility but is not a facility solely providing training services.

E4.15 Burns unit (level III) (SS)

A specialised facility dedicated to the initial treatment and subsequent rehabilitation of the severely injured burns patient (usually >10 per cent of patients body surface affected).

E4.16 Major plastic / reconstructive surgery unit (SS)

A specialised facility dedicated to general purpose plastic and specialised reconstructive surgery, including maxillofacial, microsurgery and hand surgery.

E4.17 Oncology (cancer treatment) unit (SS)

A specialised facility dedicated to multidisciplinary investigation, management, rehabilitation and support services for cancer patients. Treatment services include surgery, chemotherapy and radiation.

E4.18 Neonatal intensive care unit (level III) (SS)

A specialised facility dedicated to the care of neonates requiring care and sophisticated technological support. Patients usually require intensive cardiorespiratory monitoring, sustained assistance ventilation, long-term oxygen administration and parenteral nutrition.

E4.19 In-vitro fertilisation unit

A specialised facility dedicated to the investigation of infertility provision of in-vitro fertilisation services.

E4.20 Comprehensive epilepsy centre (SS)

A specialised facility dedicated to seizure characterisation, evaluation of therapeutic regimes, pre-surgical evaluation and epilepsy surgery for patients with refractory epilepsy.

Specialised service indicators *(continued)*

Guide for use (cont'd):

E4.21 Transplantation unit

A specialised facility dedicated to organ retrieval, transplantation and ongoing care of the transplant recipient.

- bone marrow
- renal
- heart, including heart-lung
- liver
- pancreas

E4.22 Clinical genetics unit (SS)

A specialised facility dedicated to diagnostic and counselling services for clients who are affected by, at risk of or anxious about genetic disorders.

E4.23 Sleep centre

A specialised facility linked to a sleep laboratory dedicated to the investigation and management of sleep disorders.

E4.24 Neuro surgical unit

A specialised facility dedicated to the surgical treatment of neurological conditions.

E4.25 Infectious diseases unit

A specialised facility dedicated to the treatment of infectious diseases.

E4.26 AIDS unit

A specialised facility dedicated to the treatment of AIDS patients.

E4.27 Diabetes unit

A specialised facility dedicated to the treatment of diabetics.

E4.28 Rehabilitation unit

Dedicated units within recognised hospitals which provide post-acute rehabilitation and are designed as such by the State health authorities (see data element 'Type of episode of care').

Verification rules:

Collection methods:

Related data: relates to the data element Establishment type, version 1

Administrative attributes

Source document:

Source organisation: National Health Data Committee

National minimum data sets:

Institutional health care from 1/07/89 to

Comments: This data element will be reviewed during 1998 in the light of recent structural reforms of nursing homes.